

## **MaineCare Non Emergency Transportation (NEMT) Stakeholder Forum**

**Date:** 4/25/2011

**Time:** 9:00 am

**Location:** Augusta Civic Center,

Piscataquis/Sagadahoc Room

**Lead:** Michelle Probert

### **Overview:**

- 1) Welcome and Session Objectives
- 2) Background of NEMT Redesign Initiative
- 3) Current NEMT System in Maine
- 4) Overview of the Single State-wide Brokerage Model
- 5) Model Design Discussion
- 6) Next Steps

### **Minutes:**

**Welcome and Introductions: Stefanie Nadeau, MaineCare Director**

**Session Objectives: Michelle Probert, MaineCare NEMT Director**

- Non Emergency Medical Transportation (NEMT) Redesign Initiative background and goals.
- Overview of current NEMT system and planned brokerage model.
- Suggestions and feedback from stakeholders to inform key components of model design.
- Outline initiative target timeline and next steps.

**Background of NEMT Redesign Initiative: Patricia Dushuttle, MaineCare Policy Director**

- MaineCare Services has worked with the MaineCare Member Advisory Committee (MAC) and Full Service Regional Transportation Providers (FSRTP) to submit a 1915(B) waiver application to the Centers of Medicare & Medicaid Services (CMS) with the intent to:
  - Maintain the current system structure.
  - Claim the Federal Medical Assistance Percentage (FMAP) match rate for all NEMT services.
- Aspects of the current system are out of compliance with CMS regulations:
  - FSRTPs acting as both broker and provider.
    - Potential conflict of interest.
    - Payments for the cost of trips must go to the direct transportation provider, not to FSRTP if not the direct deliverer of transportation.
  - Problems with claiming FMAP.
    - The state cannot claim FMAP for administrative fees that go to the FSRTPs; they can only claim the 50% administrative rate.
- CMS denied the waiver application in November 2010 and presented Maine with options for system redesign.
- Options presented by CMS:
  - Risk-based PAHP
  - Non-risk PAHP with regional contracts
  - State brokerage with State Plan Amendment

- Maintain current system with all services matched at the administrative rate
- Based on the available options, in February 2011, DHHS decided to restructure NEMT as a single, statewide risk-based Prepaid Ambulatory Health Plan (PAHP).
- The NEMT redesign team is working to develop a Request for Proposals (RFP) for issuance in Summer 2011 with a target for implementation in Winter 2012.
- Goals of NEMT Redesign: a Risk-based PHAP is the only option that meets all goals.
  - To comply with CMS regulations.
  - To receive full FMAP for transportation services.
  - Full member access.

*A Risk-based PHAP is the only option presented by CMS that meets the goals of receiving full FMAP and full member access (24/7 access to transportation services).*

#### **Current NEMT System in Maine: Michelle Probert, MaineCare NEMT Director**

- There are 10 FSRTPs that broker and provide transportation to 8 transit regions.
- MaineCare currently covers these transportation modes:
  - Agency vehicles
  - Volunteer reimbursement
  - Family, friends and member reimbursement
  - Fixed Route Transit in two regions
  - Wheelchair vans
  - Taxi services
- Maine relies heavily on volunteer, friends, and family reimbursement.
- Expenditures by transportation type vary widely by transportation regions.
- Family and friends is the most cost effective mode of mileage-based transportation, accounting for much larger proportion of mileage than costs.
- Transportation concerns were a common theme expressed by MaineCare members over the course of work on Maine's Managed Care Initiative.
  - MaineCare members' feedback from Listening Sessions:
    - Members left stranded at appointments
    - No means to get to a pharmacy or to lab tests following a medical appointment
    - Long waits for mileage and lodging reimbursement for appointments far from home
  - Member Services Committee Recommendations:
    - Extended hours of availability (not just 9am- 5pm, Monday through Friday)
    - Access to urgent care
    - Increased reliability and timeliness of transportation providers
    - Increased subsidization of buses and taxis, which would facilitate access to urgent care.

#### **Overview of the Single Statewide Brokerage Model: Michelle Probert, MaineCare NEMT Director**

- Presentation of a visual of the design overview.
- There is national evidence of how brokerage has resulted in many improvements:

- 28 states currently use or are in process of procuring a brokerage system
- 13 states currently use or planning to use capitated rates.
- 12 states currently use or are planning to use a single, statewide broker with capitated rates.
  - Delaware, Kansas, Missouri, Nevada, Oklahoma, Utah, Virginia and Wisconsin
  - The states using a risk-based, single statewide broker have large swaths of rural areas, comparable to Maine's rural landscape.
- Overall, brokerages have been demonstrated to:
  - Decrease costs per trip.
  - Increase ridership and improve access to non-emergency transportation services.
  - Improve member satisfaction.

#### **Model Design Discussion: All Present**

- Populations and Services Coordination:
  - The current plan includes transportation services for Home and Community Based Services (HCBS) 1915© waiver populations which includes individuals with intellectual disabilities and Autism Spectrum Disorders, Non-categorical and HIV/AIDS 1115 waiver populations and children receiving services through the Children's Health Insurance Program.
  - The goal is for members to be able to call one number for transportation to DHHS covered services.
- Broker Requirements:
  - Although under a risk-based PAHP, CMS allows the broker to also act as a provider this is not considered best practice nationally.
  - If the broker acted as a provider then DHHS would likely limit self-referral.
  - Maine is likely to require an in-state presence of the broker.
  - 24/7 access to services.
  - Same-day requests for urgent care.
  - Adequacy of proposed provider network with letters of agreement with current providers and/or documentation of number and location of vehicles.
  - Software application that can track and route trips, calculate mileage, and take into consideration Maine's rural and urban areas.
- Broker Performance Standards and Quality Improvement:
  - DHHS will select a set of core quality measures related to broker performance that will be described in the RFP.
  - Core quality measures will be subject to incentives and/or penalties based on performance.
  - Examples of quality benchmarks from other states include:
    - Call center abandonment rate, wait time, speed to answer and member satisfaction.
    - Member satisfaction with transportation overall.
    - No members stranded.
    - No members left unattended.
    - Timeliness of provider payment (100%).

- Vehicle inspection rate (100%).
- Increase in percentage of alternative transportation (family and friends, volunteers, and fixed route transit)
- Maintenance of Volunteer Network:
  - The risk-based brokerage structure enables the continuation of Maine's volunteer network and does not require volunteers to enroll as providers.
  - MaineCare does not intend to have volunteers meet the same criteria as other drivers.
  - The broker may either coordinate and reimburse volunteers directly or subcontract with another entity as long as it would be efficient and reasonable use of resources.
- Grievance and Appeals Process:
  - CMS requires that enrollees are notified of their right to a state fair hearing under a risk-based PAHP model.
  - There are no requirements for a PAHP to have additional grievance and appeals processes.
  - Practice in other states is to have the broker responsible for having the grievance and appeals process submitted to the state for approval, provisions for expediting decisions, verbal denial followed by a written denial of service, including the written statement of the member's right to appeal, and a monthly grievance report to the state.
  - MaineCare is reviewing the draft grievance and appeals process developed through the Managed Care Initiative for applicability to NEMT.
- Other Feedback and Questions

#### **Next Steps: Michelle Probert, MaineCare NEMT Director**

- Comments, Questions and Recommendations document from NEMT Stakeholder forum with responses from MaineCare will be released in early May 2011.
- MaineCare member focus groups for member feedback in May 2011.
- RFP release in Summer 2011 (RFP will be open for 2.5 months).
- Bidders' Conference two weeks after RFP release.
- Mandatory Letters of Intent (due 30 days after the Bidders' Conference).
- Award and Decision letters in Fall 2011.
- Implementation in Winter 2012.

***Please note: The notes do not include the comments, questions and recommendations from stakeholders present at the forum as a separate document will be released capturing all of the stakeholder feedback.***

*All documents and materials concerning the Non Emergency Transportation (NEMT) project reflect MaineCare's current thinking and are subject to change. No materials on the NEMT web page, distributed and discussed at meetings or sent in emails or mailings are binding in any way concerning the future procurement process.*